Practitioner's Docket No. ____51949 (ACT-162)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Steinberg et al.

Serial No.:

09/966,973

Group No.:

2874

Filed:

September 8, 2001

Examiner.

Jennifer Doan

For:

OPTICAL DEVICE PACKAGE

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE UNDER
37 C.F.R. 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
2874

NOTE: To take advantage of the expedited procedure the envelope in which this paper is mailed must be addressed as shown and must also be marked "Box AF" in the lower left hand corner. Alternatively, this paper can be hand carried to the particular Examining Group or other area of the Office in which the application is pending, in which case any envelope in which this paper is placed must be marked as in the bold type box above. Notice of Sept. 20, 1985 (1059 O.G. 19-20).

AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

CERTIFICATION UNDER 37 C.F.R. 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing 37 C.F.R. 1.10(b).

"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition."

Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Amendment or Response After Final Rejection—Transmittal—page 1 of 4)

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NOTE: Response to Final Rejection—Avoiding Extension Fees "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Offica Action, If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591).

STATUS

2.	Applic	a small entity. A statement: [] is attached. [] was already filed.					
	[X]	other than a small entity.					
		EXTE	NSION OF TERM				
NOTE: As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (34-35) states:							
		and/or entry of a Notice of Appeal of shortened statutory period unless the t	fter a Final Office Action, an extension o r filing and/or entry of an additional ar imely-filed response placed the applicati filed within the shortened statutory perior	nendment after expiration of the on in condition for allowance. Of			
3.	(compl	ete (a) or (b), as applicable)					
(a) [] Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for the total number of months checked below:							
	[] [] []	Extension (months) one months two months three months four months	Fee for other than small entity \$ 110.00 \$ 430.00 \$ 980.00 \$1,530.00	Fee for small entity \$ 55.00 \$ 215.00 \$ 490.00 \$ 765.00			
If additi	ional ext	ension of time is required, please		_			
		(check and comple	te the next item, if applicable)				
	[]	An extension for month \$ is deducted from requested.	s has already been secured and the om the total fee due for the total	e fee paid therefor of months of extension now			
		Extension fee due with	this request \$	-			
		(Ame	endment or Response After Final Rejecti	on-Transmittal-page 2 of 4)			

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OR

(b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

				SMALL ENTITY			OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee	
Total	*	Minus	中市	-	x \$9 =	\$		x \$18 =	\$
Indep.	*	Minus	***	=	x \$44 =	\$		x \$88 =	\$
[] Firs	t Presentat	ion of Mul	ltiple Depender	nt Claim	+ \$150 =	\$		+ \$300 =	\$
				-	Total Addit. Fee	s	OR	Total Addit. Fee	s

- If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1

of a prior amendment or the number of claims originally filed.

WARNING: See 37 C.F.R. § 1.116.

(complete (c) or (d), as applicable)

(¢) [X]No additional fee is required.

OR

(d) Total additional fee required is \$ _

FEE PAYMENT

5.	[]	Attached is a check in the sum of \$				
	[]	Charge Account No.	the sum of \$			
		A dunlicate of this transmittal				

(Amendment or Response After Final Rejection-Transmittal-page 3 of 4)

Reg. No. 39,499

FEE DEFICIENCY

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [X] If any additional extension and/or fee is required, charge Account No. 04-1105

AND/OR

[X] If any additional fee for claims is required, charge Account No. 04-1105

SIGNATURE OF PRACTITIONE

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Jonathan D. Baskin

(type or print name of practitioner)